

## SECTION 1 – PHARMACY INFORMATION

PROVIDER NUMBER	PROVIDER PHONE NUMBER	CONTACT PERSON'S NAME
NAME OF PHARMACY		
ADDRESS		
CITY	PROVINCE	POSTAL CODE

### REASON CODES FOR ADJUSTMENT

- 1 – PRODUCT SELECTION CODE MISSING – PLEASE INDICATE: 1 OR 2
- 2 – WRONG QUANTITY
- 3 – MULTIPLE SIZE (i.e.: 1ML, 5ML, 10ML – INDICATE PACKAGE SIZE DISPENSED)
- 4 – NO OF MONTHS SUPPLY
- 5 – CHANGE IN GROSS AMOUNT (COST + FEE)
- 6 – WRONG DIN USED
- 7 – RX CANCELLED OR NOT PICKED UP (DEBIT)

REASON: \_\_\_\_\_

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## SECTION 2 – ADJUSTMENT INFORMATION

SSQ CERTIFICATE NUMBER	SURNAME	FIRST NAME	DISPENSING DATE			DIN	RX NUMBER	NAME OF DRUG	NO OF MTHS	1 OR 2	QTY	GROSS AMOUNT	(COST + FEE)	REASON CODE
			Y	M	D									

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SIGNATURE OF PHARMACIST
DATE

## SECTION 3 – MAILING INSTRUCTIONS

**PLEASE RETAIN COPIES FOR YOUR FILES AS CORRESPONDENCE PROVIDED WILL NOT BE RETURNED**  
**ALL CLAIMS MUST BE SUBMITTED WITHIN 12 MONTHS OF THE DATE OF SERVICE**

PLEASE INDICATE ON ENVELOPE:

SSQ Health Insurance Claims  
P.O. Box 10500, Stn Sainte-Foy, Québec City, QC  
G1V 4H6

CUSTOMER SERVICE CENTRE 1-800-463-6262 FAX 1-855-453-3942  
SSQ.CA